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Private Institutions.

1 The Schieffelin Leprosy Research Sanatorium, Karigiri, North Arcot district.

2 The Sacred Heart's Leprosy Hospital, Sakkottai, Thanjavur district.

3 Kasturba Gandhi Kushta Nivaran Nilayam, Mazhavanthangal, South Arcot district.

4 Vadathorasalur Mission Leprosy House and Hospital, Vadathorasalur, South Arcot district.

5 St. Joseph's Leprosy Hospital and Home, Arokiapuram, Tuticorin.

6 Dayapuram Leprosy Hospital and Home, Manamadurai, Ramanathapuram district.

7 Mission Leprosy Home, Colachel, Kanyakumari district.

8 Holy Family Leprosy Hospital, Fatimanagar, Tiruchirappalli district.

9 C.P. Memorial Leeprosy Hospital, Colachel, Kanyakumari district.

10 Leprosy Sanatorium, Thilurpatti, Tiruchirappalli district. (maintained by District Board).

Leprosy Clinics.

Leprosy clinics are functioning in almost all the Government Medical Institutions in places where incidence of leprosy is high.

APPENDIX II.

[Vide answer to starred question No. 396 asked by Sri K. Sattanatha Karayalar at the meeting of the Legislative Assembly held on 22nd February 1961, page 169 supra.]

The Tuberculosis Chemotherapy Project is run under the joint auspices of the Madras Government, the Indian Council of Medical Research, World Health Organization and the British Medical Research Council. The World Health Organization provide international experts to man the T.B. Chemotherapy Centre and also certain equipment and supplies. The British Medical Research Council provides technical advice and have seconded staff to work for World Health Organization on the Project. A short history of the starting of the Centre and its present working is given in the following paragraphs.

2. In September 1952 it was decided to establish an anti-tuberculosis Teaching and Demonstration Centre at Madras, availing of the World Health Organization assistance, on the lines of the centres established at New Delhi, Trivandrum and Patna. The

object of an anti-tuberculosis Centre is to serve as a model Tuberculosis Clinic where provision is made for clinical examination of patients and the treatment that is possible in an out-patient department. The Tuberculosis Centre should consist of a well equipped laboratory and epidemiological section having mass X-Ray and rooms for B.C.G. vaccination. There should be sufficient accommodation in the clinic for museums, laboratory and for demonstration and teaching the under-graduate and the post-graduates, as well as facilities for training of technicians in X-Ray and laboratory work. The main emphasis at the centre was domiciliary treatment and, therefore, there should be provisions for doctor and public health nurses for undertaking this work.

3. In March 1953, the Government sanctioned an expenditure of Rs. 3.15 lakhs on the construction of buildings for the Tuberculosis Demonstration and Teaching Centre at the Government Tuberculosis Institute, Egmore, Madras. The buildings have been completed.

4. According to the plan of operation (as amended subsequently), the World Health Organization was to supply the bulk of the laboratory and X-ray equipment required for the Centre and the World Health Organization was to provide the following international personnel to work the scheme for a period of two years :—

One Senior Medical Officer,
One Public Health Nurse,
One Laboratory Technician,
One Radiographer; and
One Statistician.

The Government of Madras were required to provide a national counterpart team and also all the other necessary staff required for the centre. The Government of Madras were also required to bear the ' local costs ' on behalf of the international team, viz., the daily allowance admissible and the costs of internal travel within India on duty. The Government sanctioned the staff required for running the Tuberculosis Demonstration and Teaching Centre. Thus all arrangements had been completed for starting the anti-Tuberculosis Demonstration and Teaching Centre at the Tuberculosis Institute, Egmore, Madras. In the meantime, under the joint auspices of the World Health Organization, British Medical Research Council and Indian Council of Medical Research, it was proposed to sponsor a Drug Research Scheme, viz., to try the effect of modern Chemotherapy in all types of pulmonary Tuberculosis under domiciliary conditions. After visiting places in India which are endemic with Tuberculosis, Dr. Fox of the British Medical Research Council selected Madras as a suitable place for launching the Drug Research Scheme. It was then agreed in principle to the merger of the Drug Research Scheme with the anti-Tuberculosis Teaching and Demonstration Centre Scheme.

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5. The Tuberculosis Demonstration Project was originally intended to be worked at the expenses of Madras Government with World Health Organization assistance by way of equipment and provision of International personnel for a few years. On account of the merger of the Demonstration Project with Chemotherapy Project, the Government of India suggested and this Government have accepted the following general principles regarding allocation of expenditure between Madras Government and the Government of India through Indian Council of Medical Research.

The expenditure that would have been incurred normally in the setting up and maintenance of the Tuberculosis Demonstration Centre, Madras including premises, supplies, equipment, personnel, etc., should be continued to be borne by the Government of Madras even after the fusion, although these facilities and the services of the personnel might be used for the Drug Research Scheme also. The State Government should also bear the cost of subsistence of those international officers, who although now appointed for the fused schemes would have been required under the plan of operation for the Tuberculosis Demonstration Centre. The cost of such permanent fixtures and constructions as may have to be provided for the Drug Research Scheme should also be borne by the State Government because these facilities will serve to develop their Tuberculosis Centre to that extent. If any additional expenditure has to be incurred for the execution of the Drug Research Scheme, and if that expenditure does not come within the normal scope of the Tuberculosis Demonstration Centre, then all such expenditure will be met out of the Indian Council of Medical Research Funds. The additional staff which may be required exclusively for the Drug Research will be treated as Indian Council of Medical Research staff appointed on a temporary basis. They will be governed by the Indian Council of Medical Research rules and will be given clear understanding that on the termination of the scheme, their services will be dispensed with. The staff which may be appointed by the State Government for the Tuberculosis Demonstration Centre, but under the fused scheme may have to work on the research side also will on the termination of the research scheme continue to be treated as the regular staff of the Tuberculosis Centre.

6. The World Health Organization have provided a large quantity of equipment and supplies. These include X-ray apparatus, both full-plate and miniature and a tomographic attachment, dark-room equipment laboratory apparatus and other specialised equipment required in connection with the diagnosis and control of Tuberculosis. The World Health Organization have also provided certain office equipment including statistical forms calculating and adding machines and a library of books and periodicals for the purpose of technical reference and transport consisting of six vehicles for the domiciliary service and two ambulances. All the anti-tuberculosis drugs and X-Ray supplies are provided by World Health Organization who also pay for the cost of up to four visits

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to India per annum by Medical Research Council, representatives from London who visit for periods of about three weeks. International fellowships for Indian national team members to advance their knowledge of work in which they are engaged are also being provided and one staff member is on a World Health Organization fellowship in England at present. More are expected to go on fellowship shortly.

APPENDIX III.

[Vide answer to starred question No. 401 asked by Sri S. M. Annamalai at the meeting of the Legislative Assembly held on 22nd February 1961, page 172 supra.]

Serial number and name of the district. (1)	*Name of the block.* (2)
1 North Arcot	**1 Arkonam.**
	2 Pernambat.
2 South Arcot	**3 Vanur.**
	4 Mogaiyur.
3 Chingleput	**5 Ramakrishnarajupet.**
4 Coimbatore	**6 Singanallur.**
5 Madurai	**7 Thenkarai.**
6 Ramanathapuram	**8 Karaikudi.**
7 Salem	**9 Pallipalayam.**
	10 Kabilamalai.
	11 Shoolagiri.
	12 Nallampalli.
8 Thanjavur	**13 Thiruvaiyaru.**
9 Tiruchirappalli	**14 T. Palur.**
	15 Kadavur.
10 Tirunelveli	**16 Kadayam.**

APPENDIX IV.

[Vide answer to starred question No. 407 asked by Sri N. R. Thiagarajan at the meeting of the Legislative Assembly held *the period ended 31st December* 1960.]

[SUBJECT.—*Progress Report of the College Tamil Committee for the period ended 31st December* 1960.]

Early in 1958, the Government were confronted with the following problems :—

(i) The reconciliation of varying views of the Secondary Education Committees constituted in 1953 and 1955.

(ii) Reconciliation of the views expressed in the Report of the Elementary Education Reform Committtee of Dr. Alagappa Chettiar constituted in 1955 with those of the Secondary Education Committees.